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Firelands Regional Medical Center School of Nursing
Online Laboratory Document
2023

Please complete the following questions based on information given in the Lessons MCN Week 1 Lab tab. Submit to the MCN Online Lab Dropbox by **Wednesday at 0800**. Bring a copy of this document to lab on Wednesday to receive the answers.

Women's Health Questions

Online lab activity: Breast Self-Exam
Objectives: 1, 4, 5, 6

https://www.youtube.com/watch?v=nkPR4ar1EQ4&t=19s

Please follow the link. Watch the video and follow the steps on how to conduct a breast self-exam then answer the following questions:

- What is a breast self-exam?

Self examination screening of breast a woman does this at home to look for changes or problem with her breast.

- What position(s) should the client be in while performing a self-exam?

Look at your breast in the mirror with shoulders straight and arms on your hips.
Raise arms and look for the same changes.
While looking in the mirror look for signs of fluid coming out of breast.
Feel your breast while lying down with arm behind your head
feel your breast while standing or sitting

- What are two methods for palpating the breast tissue?
- Follow a pattern begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast.
- feel on your breast up and down

- What would the lump feel like compared to a lymph node?
- If palpable,hard ,non-mobile, non-tender walnut pea or marble

- How often should your client do a self-exam?
- once each month a few days after your period

- When should the client notify their healthcare provider about their self-exam?
- If they feel a non mobile non tender lump. breast pain
- Nipple discharge

<u>Pregnancy History</u>

Activity 1:

Laura is scheduled for her first prenatal visit today. She is 12 weeks gestation. She is a primigravida. What would her GTPAL be?

G-1 T-0 P-0 A-0 L-0

Her last menstrual period (LMP) was known to be November 7. According to Nagele's Rule what is her estimated date of delivery (EDD)?
Aug 14

The Fetal Heart Rate (FHR) is found using a hand-held Doppler. The FHR is 145. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
This is a normal FHR the MD would Document

Activity 2:

Katie is scheduled for a prenatal visit today. She is 25 weeks gestation today. She has had three previous pregnancies, one preterm-living and well, one term-living and well, and one spontaneous abortion at six weeks gestation. What is her GTPAL?

G -4 T -1 P-1 A-1 L-1

Her LMP was last known to be January 12. According to Nagele's Rule, what is her EDD?
Oct 19-5
FHR is found with the hand-held Doppler. The FHR is 175. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
This is an Abnormal FHR the MD would perform a Non stress test

Activity 3:

Anna is scheduled for a prenatal visit today. She is 30 weeks gestation today. She has had four previous pregnancies, two preterm-living and well, two term-living and well, and no spontaneous abortion at six weeks gestation. What is her GTPAL?

G-5 T-2 P-2 A-0 L-4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?
Sept 20

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
This is a normal FHR the MD would Document

Activity 4:

Sara is scheduled for a prenatal visit today. She is 36 weeks gestation today. She has had five previous pregnancies, one preterm-living and well, two term-living and well, and two spontaneous abortion at six weeks gestation and 12 weeks gestation. What is her GTPAL?

G-6 T-2 P-1 A-2 L-3

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?
March 5

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
It is an abnormal finding.
The physician would stimulate the baby to breathe or use positive pressure ventilation with room air at a low pressure to increase oxygenation.

Activity 5:

Emily is scheduled for a prenatal visit today. She is 18 weeks gestation today. She has had one previous pregnancy, no preterm, one term-living and well, and no spontaneous abortions. What is her GTPAL?

G-2 T-1 P-0 A-0 L-1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?

May 12
FHR is found with the hand-held Doppler. The FHR is 130. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
This normal FHR the MD would document

Activity 6:

Debra is scheduled for a prenatal visit today. She is 29 weeks gestation today. She has had eight previous pregnancies, three preterm-living and well, two term-living and well, and three spontaneous abortions at six, eight, and 12 weeks gestation. What is her GTPAL?

G-9 T-2 P-3 A-3 L-5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD?
Jan 27

FHR is found with the hand-held Doppler. The FHR is 160. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?
Th FHR is Normal. The MD would Document

Maternal Child Nursing
Newborn Assessment of Fetal Well-Being (APGAR)

Review the information provided
Activity 1:
Baby A. was born at 38 weeks gestation after 16 hours of normal labor and delivery. He was a ruddy pink in the head and chest, dusky hands and feet, active, and crying loudly with a respiratory rate of 50 and a heart rate of 160. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 2

Muscle Tone: 2

Reflex Irritability: 2

Skin Color: 1

Activity 2:
Baby B. was born at 36 weeks gestation after 8 hours of normal labor and delivery. The baby's arms and legs are dusky with head and chest pink and baby has a weak cry. Arms and legs are flexed some but moving. Respiratory effort was slow to start but after suctioning the baby

cried. The respiratory rate is now 60 and the heart rate is 150. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 1

Muscle Tone: 1

Reflex Irritability: 1

Skin Color: 1

Activity 3:
Baby C. was born at 28 weeks gestation after the mother’s water broke at home. A normal labor and delivery is noted. Baby’s arms and legs are limp, and there is a weak cry. The baby’s arms and legs are noted to be dusky in color, chest and head are pink. The respiratory rate is 20 and the heart rate is 80. Determine the APGAR Score with the information provided.

Heart Rate:0

Respiratory Rate: 0

Muscle Tone: 0

Reflex Irritability: 1

Skin Color: 1

Activity 4:

Baby D. was born at 34 weeks gestation by and uneventful spontaneous, normal vaginal delivery. The baby's arms and legs are flexed, the baby is grimacing, and the baby has dusky arms and legs with chest and head pink in color. The respiratory rate is 45 and the heart rate is 170. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 0

Muscle Tone: 2

Reflex Irritability: 0

Skin Color:2

Discharge Education Lab Questions:

POSTPARTUM

- You are preparing discharge instructions for Gloria and Gary Scary. You are very busy and still need to schedule the doctors' visits as well as the lactation follow-up. With who would it be appropriate to delegate this task to?
  - Unlicensed Assistive Personnel C. CRNA
  - Charge Nurse D. Lactation Consultant

- After reviewing Gloria's history, what is a potential complication she must watch out for?
  - Postpartum depression C. Mastitis
  - Urinary tract infection D. Placenta Previa

- After giving Gloria her discharge instructions, you help her go through her room to gather items she has been using during her stay that she can also use at home. What items would you collect and send? (select all that apply)
  - Periwash bottle
  - Tucks pads
  - Lanolin cream
  - Dermaplast spray
  - Small bottle of hand sanitizer

- Pamphlet on birth control after delivery
- Pamphlet on postpartum nutrition
- Water container

- Write a brief description of why you chose these items to send home with Gloria.

The periwash bottle is used to cleanse the perineum.
Tuck pads for bleeding.
Dermaplast Spray for pain in the peri area
Lanolin cream for sore nipples
Water container to get fluids

NURSERY (pg 263-267 in text can help)

- In preparing to discharge Gary Scary to Gloria home, which statement made by Gloria requires further investigation by the nurse?
- "The car seat faces the trunk." C. "I need to sleep when he sleeps."
- "Gary is using my nephew's old car seat. D. "I need to keep his head covered."

- In teaching Gloria about umbilical cord care, you know she understands education when she makes which statement?
- "I can put him in the shower with me."
- "I can sponge bath him until the cord falls off."
- "I can put rubbing alcohol all over the cord until it falls off."
- "I can dry the cord after a bath with the hairdryer as long as its on the lowest setting."

- In teaching Gloria about circumcision care, which of the following would be included? (Select all that apply)
- Notify HCP if baby has not urinated.
- Notify HCP if baby temp is greater than 37.8 axillary.
- Notify HCP if there is discoloration of the penis.
- Notify the doctor if the "yellow crust" cannot be washed off.
- Notify the HCP if there is a blood spot in the diaper larger than 2".

- You are teaching Gloria how to use the bulb syringe. Which option lists the correct steps in using the bulb syringe?
- Put the tip of the syringe into the nose and compress to remove air. Release the compression to provide suction and squeeze the mucous into a tissue.
- Put the tip of the syringe into the nose and wait for it to fill with mucous. Then compress to squeeze the mucous out into the tissue.
- Compress the syringe, and then gently place into a nostril. Release the compression to provide suction and squeeze the mucous into a tissue.

- Do not use a bulb syringe. Instead have the infant blow his nose.

- You are demonstrating how to trim baby Gary's nails. You realize further teaching is needed when Gloria makes what statement?
  - "I might cut his skin." C. "I can use baby clippers or scissors."
  - "Apply a bandaid on his finger if I cut it." D. "I will trim to make rounded edges."

- Gloria is excited to breast feed. She describes herself as a very organized person and can't wait to get Gary on a schedule. She has some questions though about breastfeeding. Based on the information given, what is most important Gloria understand about babies and feeding? (Select all that apply)
  - Crying, rooting, and chewing on hands are hunger cues.
  - Newborns that are breast fed should be fed every 5 hours.
  - Newborns that are breast fed should be fed every 2-2.5 hours.
  - Newborns need to eat "on demand".
  - Unless the healthcare provider states its necessary, the baby does not have to be woken up to feed.

Maternal Child Nursing Competency Online Lab
Thermoregulation

Mini Case Scenario:

Baby Latashia's mom is a 17-year-old who arrived at the emergency room with c/o abdominal pain. This is her first pregnancy, and she did not receive any prenatal care. Latashia was born early by normal spontaneous vaginal delivery (NSVD) at 36 weeks gestation. She weighed 4.8 pounds and was 17 inches long.

- When educating Latashia's mother about hypothermia, what information would you include about risk factors of hypothermia in her newborn?

Neonates with a low birth weight are susceptible to hypothermia, may have increased morbidity and mortality. Maternal hypertension, low Apgar score.

- What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?

A large surface area-to-body mass ratio • Decreased subcutaneous fat • Greater body water content • Immature skin leading to increased evaporative water and heat losses

- List the 4 methods of heat loss and how they can occur in the newborn.

Low birth weight
Resuscitation required at birth
Dehydration
Not maintaining warm chain

- What are the hazards of hypothermia?

Risk for hypoxia, hypoglycemia, Neurological complications.

- What are some interventions the nurse can implement to help prevent hypothermia in the newborn?

The warm chain, over head heater, heated mattresses, incubators.

Newborn Assessment Variations Matching

Directions: Identify what the picture is showing in a newborn assessment. Discuss what the finding means and if there is any associated interventions.

Letter
What is it?
What it means/Interventions
A
Caput Succedaneum

Swelling infants scalp appears after delivery
B

Cephalhematoma

Accumulation of blood under the scalp
C

Erythema Toxicum

Does not cause any symptoms goes away on its own
D

Port Wine Stain

Birthmarks that are reddish, purplish discoloration of the skin
E
Salmon patch

Sporadic Capillary malformation
F

Mongolian Spots

They appear at the base of the buttocks
G

Epstein's Pearls
Gingival cyst
H
macroglossia

Tongue large in proportion
I
Palmar Crease

Develop in the womb at 12 weeks gestation
J

Neonatal Teeth

Teeth that are present at birth.

Newborn Circumcision Care

- **What care is provided to the penis after circumcision?**

Petroleum jelly is applied to the penis and wrap with a gauze.

- **What education should be provided to parents about what to expect post circumcision?**

Change bandage with each diaper change.
Apply dab of petroleum jelly first to diaper so it does not stick to diaper.
Gently wipe with warm soapy water.
Change diaper often and fasten it loosely.

Infant Swaddling

1. Review video and handout online and be prepared to practice swaddling during lab.

Newborn Bath

1. Review video online and be prepared to practice bathing a newborn during lab.

Pediatric Pain Scale Questions

Please use the **NIPS pain scale** to determine the pain level and management options for the following patients.

Rose was delivered 16 hours ago. She is relaxed and is resting quietly in bed, sleeping for the past hour. Extremities are relaxed X four. Heart rate is within 10% of baseline and O2 saturation is 97% on room air.
According to the NIPS pain scale, what is Rose's pain level?
0
What would our pain management options be for Rose?
rest
Bobby is a one-day-old infant. He is vigorously crying and intermittently holding his breath. All four extremities are tense and rigid. He is fussy and restless in his crib. His heart rate is 15% above baseline and he receiving 0.5L O2 via cannula to maintain O2 saturation above 95%.
According to the NIPS pain scale, what is Bobby's pain level?
5

What would our pain management options be at this level?
holding, swaddling, repositioning oral sucrose

Name 7 physiological effects of pain:
grimacing, crying,fussiness,restlessness, increase breathing ,increase HR, sweating changes in O2

Name 5 things we can do to prevent or minimize pain:
swaddling, nonnutritive sucking, oral sucrose and meds

Using Rose's assessment, what would she score using the CRIES pain scale?

0